Appendix 3. Protocol for participant assessment

Assessment	Protocol
Interview	Participants underwent face-to-face semi-structured clinical interviews to record health information, using a pre-prepared Qualtrics form
Anthropometry	Weight was measured using a digital scale (Seca 813 digital floor scales, GmbH & Co. KG) with the participant unfasted, barefoot, and dressed in light clothing Height was measured barefoot using a Seca wall-mounted stadiometer Waist circumference was measured according to the International Diabetes Federation guidelines (Seca 203 circumference measuring tape)[1]
Blood pressure	Resting blood pressure was assessed via a validated automated sphygmomanometer as per manufacturer's instructions (Omron HBP1320 professional blood pressure monitor, OMRON Healthcare Group). Participants were seated for at least 10 min prior to the blood pressure assessment; however, they did not fast or were explicitly requested to abstain from caffeine or alcohol as is typical in a usual medical care setting. Participants placed their forearm on a table with the elbow at an approximately 90° angle and the cuff was placed on the upper arm according to the manufacturer's instructions. Three, separate measurements were taken on both right and left arms, with the average of the three measurements used in subsequent analyses[2]
Functional exercise capacity, mobility, and balance	Functional exercise capacity, measured in total metres covered, was assessed during the six-minute walk test[3] Lower extremity function and mobility was assessed with the short physical performance battery[4] Balance was assessed using a single leg balance test
Muscular strength	Handgrip strength was measured using a maximal voluntary contraction with three attempts on both right and left hands (Jamar Plus digital hand dynamometer, Health Performance/ Sammons Preston)[5] Lower limb muscular strength was assessed via a 1RM on pin-loaded machines (leg press and/or knee extension and/or leg curl, MAXIM) and presented as the sum of all machine results[6] Upper limb strength was assessed via a 1RM on pin-loaded machines (seated row and/or chest press and/or lat pulldown, MAXIM) and presented as the sum of all machine results If all machine exercises were suitable for the participant, the 1RMs were conducted on all following standardised 1RM procedures.[7] Whole body strength was then calculated by adding all lower body and upper body 1RM strength measures together
Glycaemic and lipid profiles	Pathology results from routine medical practitioner-ordered tests from various laboratories were provided by participants when available for use to analyse glycated haemoglobin, plasma glucose levels, total cholesterol, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol and triglycerides

1RM, one-repetition maximum.

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